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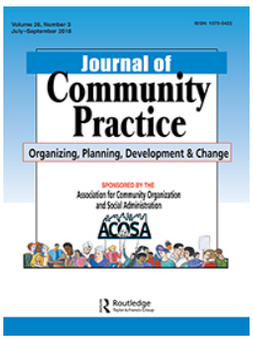

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Closing the Loophole: A Case Study of Organizing for More Equitable and Affordable Access to Health Care in San Francisco

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ABSTRACT

This paper presents in-depth case study of a successful hybrid political and community organizing campaign to ensure equitable access to health care through the perspective of a grassroots San Francisco community-based organization, the Chinese Progressive Association (CPA), which has been organizing low-income Chinese immigrants for over four decades. First, it outlines the Health Care Security Ordinance (HCSO), which, since its passage in 2006, has established a near-universal health care access program, helping to make health care accessible and affordable to individuals living and working in San Francisco. Then it presents the campaign to save the HCSO, focusing on CPA's participation in the HCSO coalition. Finally, it discusses health care as it relates to the San Francisco's affordability crisis and the political economic context in which it is taking place. Despite the limitations inherent in small case studies like this one, it nevertheless provides a valuable opportunity to better understand how one politically progressive city attempted to address the problem of grossly inequitable health care access through the lens of community organizing, advocacy, and coalition building. San Francisco, like many major American cities today, is being confronted with rapid gentrification and growing economic inequality—the backdrop to the HCSO. Through innovative experiments in social responsibility like the HCSO, however, the city has made leaps in health care access. It concludes with lessons learned from local organizing and advocacy to save the HCSO as these may inform other local efforts to promote health care for all.

KEYWORDS

Community organizing; advocacy; universal access to care

Introduction

When President Donald J. Trump vowed to repeal the Affordable Care Act (ACA, also known as Obamacare) as a first step in his agenda to "Make America Great Again," Congressional Budget Office and watch dog agencies calculated that such a move would leave 13 million people without health

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insurance by 2027, while increasing premium costs for many others (Congressional Budget Office, 2017). Although outright repeal proved harder than planned, an important first step came with the elimination of the individual mandate as part of the historic tax bill passed in late December 2017 (Brady, 2017). The individual mandate required all Americans to have health coverage, and without it, millions of largely healthy young adults were expected to opt out of buying insurance, disproportionately increasing the number of sicker and older people in the health insurance risk pool. As such, the stage was set for the unraveling of the ACA (Congressional Budget Office, 2017).

In the context of continued political efforts to repeal and replace, or incrementally dismantle, Obamacare, it is useful to explore innovative efforts to improve health insurance access that have taken place on the state or municipal levels, with special attention to programs that faced and overcame strong repeal efforts (Doonan & Tull, 2010). San Francisco's Health Care Security Ordinance (HCSO) is a particularly timely case to study, both for its accomplishments in greatly expanding coverage, and its difficult, but ultimately successful efforts to fight the unraveling and outright repeal of the program in one of the most progressive cities in the nation.

Following a brief introduction to the HCSO and subsequent repeal efforts, we document the campaign to save the HCSO, with a primary focus on one of the few community-based organizations (CBOs) consistently involved with the campaign, The Chinese Progressive Association (CPA). With its 40-year history of organizing the city's Chinese immigrants around tenant, immigrant, and worker rights, as well as health care issues, CPA provided a unique vantage point from which to explore more deeply both its own goals, tactics, strategies as part of the campaign to save HCSO, and the processes and outcomes of the campaign more broadly.

After an overview of the campaign, we discuss the methods used in this qualitative case study and the findings that emerged. Drawing on these data, we then present a chronological history of the campaign to save the HCSO, and the role of the CPA in this process. Lessons learned from community organizing and advocacy to save the HCSO, and the importance of such efforts, particularly in the context of Trump Administration efforts to dismantle or repeal the ACA amid growing opposition and almost unprecedented growth in economic inequality, also are discussed.

Background

San Francisco's HCSO

In 2006, responding, in part, to rapid gentrification and growing inequality, San Francisco's Board of Supervisors unanimously passed the HCSO, aimed

at providing universal access to health care to the city's residents. Building on the existing system of employer-based coverage, the HCSO helped establish the now nationally known Healthy San Francisco Health Access Program (2016, www.healthysanfrancisco.org), which included coverage for undocumented immigrants and mandated an employer-spending requirement (ESR) for workers' health care. Employers could meet this requirement by purchasing health insurance for their employees or contributing to either the "City Option"[1] or a third party administered stand-alone Health Reimbursement Account (HRA; Office of Labor Standards Enforcement, n.d.).

Although popular with residents and labor unions, some organized business interests opposed the HCSO since its inception (Knight, 2007; Nguyen & Miller, 2008). The Golden Gate Restaurant Association, for example, filed an unsuccessful lawsuit against the city shortly after it was passed to block its implementation (Golden Gate Restaurant Association v. City and County of San Francisco, 2009). Yet most of the city's affected businesses not only have complied with the HCSO's employer mandate (Office of Labor Standards Enforcement, 2011, 2012, 2013), but also have supported the measure, which has been associated with increases in health coverage, as well as in the proportion of workers with benefits. Fears that the local ordinance may adversely negatively affect jobs or profits have thus far been unfounded (Colla, Dow, & Dube, 2013; Reich, Jacobs, & Dietz, 2014), and the program has served as a model for progressive national health care reform efforts (Harvard Kennedy School, 2011; Katz, 2008; McLaughlin et al., 2011; Nguyen & Miller, 2008; Reich et al., 2014).

Despite high support for the HCSO among most businesses, there remained a minority that undermined the intent of the ordinance by exploiting a major loophole in the local law by relying heavily on the HRA option through which any unused funds left in these accounts reverted back to the businesses themselves at the end of the calendar year. As such, some employers were paying quarterly into these accounts, but were taking the money back at the end of the fourth quarter, leaving only a short window during which employees could make use of the funds. Indeed, the vast majority of HRA funds were never used for worker health care expenses, but were instead kept by these businesses as profits (Gordon, 2011a; Office of Labor Standards Enforcement, 2011, 2012, 2013).When news broke that some businesses were keeping tens of millions of dollars from their employees, health advocates and community groups used community organizing and policy advocacy to help to close the loophole and save the city's innovative—but badly misused—HCSO (Gordon, 2011b).

[1]If employees were eligible for Healthy San Francisco, they would receive a discount for the program. If they were not eligible for HSF, these funds would be put into a city-run Medical Reimbursement Account for employee use.

Overview of the campaign to save the HCSO

After first discovering that some businesses were exploiting HRAs, health advocates and community groups worked with a concerned city supervisor to close the loophole by proposing amendments to the ordinance that clarified that only contributions made irrevocably for health care would be counted toward meeting the employer spending requirement (Gordon, 2011b). Although the amendment passed the Board of Supervisors with a 6–5 vote, the Mayor vetoed the proposal (Campos et al., 2011; Gordon, 2011c). A compromise bill proposed by another supervisor eventually was passed and signed by the mayor later in 2011, increasing the period for which HRA funds were irrevocable from 1 year to 2 (Chiu & Cohen, 2011). Despite this improvement, however, the loophole remained as a means of evading employer responsibility for worker health care and undermining the original goal of the ordinance—to ensure access to care for all San Franciscans.

In 2013, the local ordinance was once again under attack by organized business interests. With the full implementation of the ACA imminent the following year, the advocacy group Small Business California, the Golden Gate Restaurant Association, and the SF Chamber of Commerce all called into question the need for and legality of the HCSO (Rauber, 2013).

With another threat to the measure looming, the coalition to protect the HCSO reconvened in summer 2013 with many of its original organizational members, including the Chinese Progressive Association.

Methods

Research orientation

This qualitative study was conducted primarily by the first author and two community partners at CPA. We employed a modified version of Yin's (2013) multimethod case study approach, which uses a range of techniques to better illuminate the case or organization under study. The triangulation of data made possible through this approach helps achieve findings that are likely "more convincing and accurate," (Yin, 2013) and improves the trustworthiness of data over that typically derived from a single method (Cytron, Pettit, & Kingsley, 2014). Our modification of Yin's methodology involved the use of several qualitative methods (e.g., interviews, focus groups, archival review, and participant observation), but without additional sources (e.g., scales to measure collective efficacy; Bandura, 2000) or perceived control on multiple levels (Israel, Schulz, Parker, & Becker, 2012) that could have expanded the range of data sources.

Although severe time and resource constraints, particularly for the community partner organization (CPA), precluded the level of engagement necessary

in a traditional community-based participatory research (CBPR) study, the first author attempted to adhere to many of the core principles of this approach. Among these were: working on a problem of importance to the community, building on local strengths and resources,attending to the social determinants of health, and balancing research and action for change and community benefit (Israel, Eng, Schulz, & Parker, 2013). Further, two staff members from the partner organization were consistently involved with all stages of the study, from the initial conceptualizing of the research question to wording of interview items, outreach to participants, and data collection and interpretation. A large body of research now underscores the utility of such community partner engagement in improving the validity of findings (Cytron et al., 2014; Kuper, Lingard, & Levinson, 2008; Sargeant, 2012).

Data collection

Study protocols and data collection instruments for this study were approved by UC Berkeley's Institutional Review Board, the Committee for Protection of Human Subjects. Protocol ID: 2013-03-5129. Three data collection methods were employed from June 2013 to June 2014, with a forth (archival review) continuing through June 2017, to provide additional contextual data and relevance of the study during rapidly changing socio-political times.

Focus group

Six CPA members (low-income Chinese immigrants who paid modest dues and identified as CPA's base) were recruited by the community partners and first author to participate in the study. Criteria for selection included active engagement with CPA through attendance at three or more meetings per year, prior attendance at one or more hearings or meetings with policymakers, and previous participation in member meeting development and/or facilitation. A focus group guide, consisting of five questions and seven probes, was developed and used by the primary research partners (authors 1, 4 and 5), with questions designed to elicit the main concerns of members and their attitudes toward the health care system. Conducted in Cantonese, the focus group lasted approximately 90 min. Consistent with CBPR's accent on giving back to communities (Wallerstein, Duran, Oetzel, & Minkler, 2018), the focus group was also used as a safe space in which to conduct member education concerning the then upcoming health care changes with ACA's implementation and how they may affect participants and their families.

Key informant interviews

Semistructured key informant interviews were conducted by the lead author with five CPA staff members, two policymakers, and 11 representatives of CPA's organizational partners, who were recruited based on their history of collaborating with CPA on the HCSO campaign. Interviews averaged 40 min, with topics including the intersection of the ACA and HCSO, the perceived role of CBOs in the fight for health care access, and experiences with and outcomes of community organizing and advocacy. Finally, the six CPA members who had participated in the earlier focus group also agreed to take part in semistructured interviews. Conducted in Cantonese and averaging 30 min, these interviews focused on their experiences participating in mobilization efforts, as well as their individual stories of trying to access health care as immigrants.

Participant observation

The first author and two CPA community partners engaged in participant observation of CPA's local health policy efforts over the year-long primary data collection period, attending approximately seven Coalition meetings, 16 CPA meetings and events, six public hearings, and three meetings with legislative offices. By participating in and carefully observing these events, we were able to explore first hand the most pressing issues relevant to different stakeholders, as well as the challenges to moving a progressive agenda forward. The first author, often together with one of the two community partners, attended each event, taking detailed field notes and discussing immediate impressions after these activities had concluded.

Archival review

Relevant documents spanning June 2013 through June 2017 were uncovered through extensive archival review using CPA's own archives, websites on sfgov.org, records of public meetings, media coverage, and legislative documents (e.g., testimony at hearings relating to HCSO and ACA), similarly were examined. Archival review was primarily used to provide additional insights into campaign developments and corroborate factual information (e.g., dates and content of hearings) reported through the interviews and participatory observation. Finally, the archival data helped provide additional contextual understanding of the HCSO and the campaign.

Data analysis

Focus group notes, transcripts of interviews, and field notes from participant observation were entered into Dedoose™ for assistance in data management and generating initial codes and concepts. Data were coded chronologically and by category (e.g., relevant CPA actions, legislative votes, and media coverage of the campaign). Patterns, such as the impact of CPA's organizing, were explored. Although more complex thematic analysis was not undertaken given time constraints, the coding, and several of the themes that did emerge were pertinent to the unfolding of the campaign and CPA's role in the coalition. Thematically grouped data were reviewed and reconciled by the first author and one of the community partner researchers, with other authors later reviewing the results. In addition to coding corresponding to particular events and stages in the campaign, several themes emerged from two or more sources of data (e.g., interviews and archival review). These emergent themes ranged from a long history of CPA member engagement in organizing and advocating for low-income Chinese immigrants to the difficult trade-offs faced between paying for health care and for competing basic necessities in a city with a very high cost of living. Themes emerged from two or more sources of data (e.g., interviews and archival review). Some themes, such as distrust of government among CPA members, although discussed briefly, where appropriate, were largely beyond the scope of the study and are discussed elsewhere (Fang, 2015). Themes that were more directly relevant to the campaign to save the HCSO, and CPA's roles in that effort were used to create, or provide context and nuance to, the chronological picture of important events and developments in the campaign (e.g., key legislative decisions or community actions), and their processes and outcomes. Interview and participant observation data, thus provided details about what took place when, who the key actors were, obstacles faced, and successes achieved. Ongoing archival review provided additional sources and forms of data useful for comparing findings across sources, enhancing their trustworthiness while also helping to "fill in holes" and improve our understanding of the larger context in which the evolving campaign took place (Kuper et al., 2008; Sargeant, 2012).

Findings

In the following, we draw primarily on data categories and relevant emergent themes, that help explore the chronological unfolding of the campaign to save the HCSO with special attention to CPA's growing involvement in and perceptions of its processes and outcomes.

Early foundations of the campaign: organizing and advocacy in 2013

At the start of engaging more deeply in health policy work, CPA conducted a needs assessment among its members to get a baseline understanding of their health care needs and experiences with the health care system. The lead author's focus group with adult CPA members also surfaced and provided additional confirmation for one of these issues in particular, which was relevant both in the early stages of organizing to save the HSCO and continuing throughout the campaign: *deep concern about the lack of affordable, accessible health care*. CPA members shared their worries about the high cost of health care, with some remarking on the difficulty of balancing the competing priorities of paying for needed medical care or paying the rent and putting food on the table. One member described how her "family probably makes about $2000 each month," so they "are not able to afford health care." She would "rather use that money for rent." Although it is likely that this member stood to benefit from the ACA, she and other low-income CPA members emphasized how the high cost of living in San Francisco made it hard for poor people, particularly immigrants, to make ends meet. Archival review of workers who were also CPA members revealed that their bosses failed to provide minimum wage or health care coverage, threatening to fire them if they complained, saying things like, "There's more where you come from" (Chang et al., 2013).

A second theme, illustrated in CPA's work on the campaign to save HCSO, was: *CPA's active engagement of marginalized populations in efforts at broader systems change*. A CPA staffer remarked that "organizing is about empowering people to make the change they want to see. It's also [about] collectivity, people working together, so they don't have to wait for people to make the change for us." Similarly, a CPA member commented that the organizing work that CPA engages in with other low-income Chinese immigrants and youth is "helping the community move upwards."

CPA's commitment to such engagement also was reflected in the organization's ongoing efforts to help interested, overwhelmingly low-income immigrant members and volunteers craft their own testimonies, sharing their personal stories to help move public policy to policy to close the loophole. CPA staff engaged in extensive education with youth and adult members about health policy and also meet with them one-on-one to help them increase still further the policy relevance of their testimonies. Members were motivated to articulate their own struggles with accessing health care in light of the potential policy threats that would make it even more difficult to get care. As an HCSO coalition member commented, their testimonies were "strategic" in illustrating the diverse human impacts of the policy debates taking place.

The previous comment exemplified another theme uncovered in this research early on and continuing to surface in larger stages of the campaign: *the perceived impact of youth and adult immigrant voices in helping work for policy change*. An article in a widely read Chinese newspaper highlighted CPA's outreach and education about health coverage to the Chinese community during the implementation of the ACA (Wong, 2013). Another article drew, in part, on an interview with a CPA member about her work with the organization (Bay City News, 2014). In her words, "Low-wage workers are often afraid to speak out," but "it takes all of us standing up." Finally, a Coalition member interviewed for this study noted that CPA's participation helped "show the level of community support" for working to close the loophole.

Such a high level CPA support was illustrated on July 25, 2013, when a hearing on the HCSO was held in the context of continued challenges to the HCSO's legality by organized business interests. These challenges took place despite the Deputy City Attorney's having declared that the ACA "does not preempt local … laws like the Health Care Security Ordinance," and in fact "complements" the federal law in many ways. Although members of the business community were present at the hearing to oppose the HCSO "in its current form and time frame," the chamber was largely filled with supporters of the ordinance, including many from CPA, in large part due to the coalition and CPA's efforts to turn out community members to attend and testify.

As part of this work, CPA collaborated with one of its allies, Asian Students Promoting Immigrant Rights through Education (ASPIRE), which works with undocumented Asian and Pacific Islander youth, to collectively mobilize each organization's members. Together, CPA and ASPIRE turned out numerous youth and adults, including undocumented immigrants, to testify and affirm the importance of both parts of the HCSO—the Healthy San Francisco program and the Employer Spending Requirement. Additionally, when one of CPA's adult members testified, she brought a CPA summer fellow to help interpret and was, notably, the only monolingual speaker testifying that day. The fact that CPA brought its own interpreter, and that CPA and ASPIRE youth were among the only young people that testified during the hearing, was described by a CPA staff member interviewed as illustrating a forth theme: *an organizational commitment to making the political process more accessible and participatory for traditionally disenfranchised communities*, key among them immigrants and youth. Another CPA staffer commented on the increased sense of agency among monolingual immigrants who were literally being heard by those in power in their native language. Through such involvement, CPA members were increasingly able to see how the act of authentic, participatory engagement could also contribute to the "real work" of their organization (Staples, 2004).

Base building and mobilizing continued into the fall, and included a direct action, in which HCSO Coalition volunteers outreached to San Francisco restaurant workers about their rights to health benefits under the HCSO and

the renewed threat to these rights by the business community. At the same time, San Francisco Rising, an alliance of progressive grassroots organizations, including CPA, began their Civic Engagement Program, a door-knocking campaign to talk with voters about health care and other issues. Over 3,500 voters were engaged in discussions about the HCSO, and 85% of those reached supported keeping the Employer Spending Requirement.

In the weeks leading up to the July 25th, 2013 hearing, the HCSO coalition's advocacy efforts also began ramping up, despite the fact that a legislative battle was not imminent. One key informant, a legislative aide, noted that she believed these early advocacy meetings contributed to the ultimately positive outcome with the ordinance almost a year later.

Policy delays

Despite organizing and advocacy by both supporters and opponents of the HCSO, the people of San Francisco did not witness a speedy policy resolution in 2013. Instead, the Mayor's office reconstituted the Universal Health Care Council (UHCC), a group established to advise him on the policy issues surrounding the HCSO (Office of the Mayor, 2013). The UHCC ultimately concluded what the HCSO coalition and supporters already knew—that the HCSO and ACA could exist side-by-side and that, even after implementation of the ACA, there would still be health care affordability issues for some individuals in the city (San Francisco Universal Healthcare Council 2013, 2013). These residents included many undocumented immigrants who would be denied coverage under the ACA, but would still be able to access care under the HCSO through the Healthy San Francisco program.

Renewed fight in 2014 to shift the balance of power toward closing the loophole

After the dust finally settled around the question of whether or not the HCSO and ACA could coexist, there was a renewed effort to close the loophole in the form of a legislative campaign. On April 1st, 2014, an amendment to the HCSO was introduced at the Board of Supervisors meeting that would permanently prevent employers from reclaiming the money they put into employee HRAs. Coalition members regrouped with an increased focus on policy advocacy, specifically around garnering individual supervisor support for this new legislation to close the loophole. In retrospect, informational meetings with the supervisors the summer before had helped lay an important foundation for Coalition members to be able to advocate more effectively for the current legislative efforts.

The Coalition helped mobilize numerous workers and advocates to attend a subsequent committee meeting where they gave public testimony in

support of the HCSO amendment. Although opponents from the business community were present, the majority of attendees were HCSO supporters, including many CPA staff members and volunteers, including youth. As captured in the public record, one supervisor indeed remarked that the compelling testimonies presented during the 2.5-hr hearing:

> Reminded me of myself when I was much younger, and when I didn't have health insurance for the longest time and nor did my parents. And, in fact, even when I had my first kid, I didn't have health insurance. It was a struggle to even raise the money to pay it off … so, I kind of understand where people are coming from on this. … Certainly in terms of [the HCSO] legislation, I fully support it.

HCSO coalition members commented that this supervisor's public support for closing the loophole during the hearing was a notable turning point in the campaign, as it helped build momentum and extend support beyond the historically "progressive voting bloc" on the Board. As one CPA staff member described, "The hearing shifted the political balance. It shifted the political line-up."

Finally closing the loophole

After the fifth supervisor had signed on as a cosponsor, the HCSO coalition members continued to meet with the remaining six supervisors in an attempt to garner their support. By the morning of the June 10th Board of Supervisors meeting, during which the HCSO bill would be voted on, the Coalition had secured eight cosponsors, or just enough votes to override a mayoral veto, if necessary.

During negotiations with the Mayor's office and a coalition representing community and labor interests, however, the Mayor agreed to not veto the HCSO should it pass; a veto he had exercised a few years earlier in the name of encouraging business vitality (Gordon, 2011c). When the HCSO bill came up for a vote at the June Board of Supervisors meeting, all 11 supervisors voted unanimously for passage. Summing up this experience in her interview, a legislative staffer reflected on both the "really key impact of the CPA on the overall outcome of the [HCSO]," and the powerful role of the coalition as a whole. In her words,

> I've rarely seen a legislative fight and a policy effort where so many individual members of [a] coalition played such a key role in the advancement of … legislation as with the HCSO. Everyone made a massive difference in getting one supervisor to be on our side. … It was really a group effort of the highest order, and it was a collective win if I ever saw one. … So many people did real work in order to make this happen. It was a collective victory.

Discussion

San Francisco presents a unique political economic context in which to examine the campaign to save what was envisioned at its inception as an effort to ensure universal health care access. The city's "affordability crisis" had driven up the cost of housing such that most poor, working, or even middle-class people could no longer afford to live there. San Francisco's median rent has repeatedly topped that of every other large city in the nation in recent years (Renzulli, 2016). At the same time, wages at the lowest end of the local economy had not kept up with the rapidly rising cost of goods and services, resulting in a gap between rich and poor that was growing faster than that of any other city in the country (Berube, 2014).

Such realities cast the fight to save affordable and accessible health care in stark relief. As noted, the high cost of health care emerged in this study as a major concern of CPA's largely low-income immigrant membership base. Consistent with the bedrock community organizing principle of starting with an issue that's specific, winnable, and important to the community, CPA's decision to join the coalition to save the HCSO was a logical step (Alinksy, 1972; Martinson & Su, 2012; Staples, 2004). As Butterfoss and Kegler (2012) noted, "While the financial investment in coalitions is relatively low, [coalitions] effectively leverage resources (e.g., members' services, time and expertise) that enhance public health outcomes." Further, as demonstrated in this case study, "Coalitions enhance the stability of public health programs by building political/public support, securing/maintaining funding, and advocating for policy change" (Butterfoss & Kegler, 2012, p. 309).

Active membership in the coalition to save the HCSO provided the CPA a new opportunity to engage its often disenfranchised members in using their own voices to work for an issue of great personal relevance: affordable, accessible health care. That many did this in spite of the widespread distrust of government that also surfaced in the focus group was a further testament to CPA's and the coalition's commitment to individual and community empowerment and capacity building, at the same time that they worked for policy-level change.

The coalition to save the HCSO and the work and perspectives of one of its key member organization, the CPA, provide an example of what Rusch and Swarts (2015) described as a melding of institution-based community organizing and "deliberative practice," both of which "are motivated by a belief in the necessity of democratic participation for legitimate policy outcomes" (p.13). As these authors further noted, "Both approaches to participation [institution-based community organizing and deliberative practice] are also, at their core, about supporting democratic social change. They seek engagement that simultaneously leads to the transformation of the individual and society" (p. 14). Although the coalition was more directly focused on the

outcome of saving equitable and affordable health care access, the CPA, as this study illustrates, was equally concerned with the means by which that goal was reached. And it was, in part, those means (e.g., lifting up the voices of marginalized community members who were empowered to share their lived experiences with policymakers and others) that helped turn the tide in a key vote by the board of supervisors in favor of an ordinance closing the loophole. The coalition's win on closing the loophole, and CPA members' confidence in their own contributions in helping achieve victory, provided an important example of how "speaking truth to power" at hearings and public meetings can indeed help affect change.

Joining the coalition was also strategic for the CPA in moving a larger political and social justice goal. In addition to helping get a win on the HSCO, and in the process furthering distributive justice regarding access to affordable health care, CPA's involvement in the coalition helped position it for later involvement in related campaigns. The increasing importance of coalitions in addressing complex, interrelated problem areas has been well demonstrated (Butterfoss, 2013; Wolff, 2010), and underscores the need for a growing comfort level with engaging in such collaboratives. Further, as organizations like the CPA are increasingly seen as powerful coalition partners across multiple issues, their likelihood of attaining *procedural justice*, or "an equitable processes through which low-income communities of color, rural residents, and other marginalized groups can gain a seat at the table—and stay at the table—having a real voice in decision making affecting their lives" (Minkler, 2010, p. s81), is enhanced.

This research had several important limitations. The findings of case studies, by definition, are not generalizable, and the particular uniqueness of San Francisco with its long, progressive history, large immigrant population, and extreme health and social inequities posed additional challenges in this regard. These factors, coupled with the small scale of the study and the solely qualitative methods employed, also preclude replication in other settings.

This study was not intended to be representative of the HCSO coalition as a whole. Although member organizations would likely agree with much of the analysis, the study was designed to capture and explore the campaign largely through the lens of a single Coalition member, the CPA. Further, and particularly in policy-focused efforts "in which multiple players and contextual factors are involved in shaping outcomes, teasing apart a single organization or coalition's contributions to helping move policy can be fraught with difficulty" (Minkler, Garcia, Rubin, & Wallerstein, 2012, p. 45).

Despite these limitations, however, the study does appear to hold relevance and offer possible lessons for community organizers, health care professionals, social workers, and others interested in using community organizing and advocacy to help achieve goals such as universal, affordable health care

and improved social services on the local level (Branom, 2012). These lessons include:

(1) The importance of joining and working with coalitions whose focus represents a genuine concern to an organization's membership base (Butterfoss & Kegler, 2012; Staples, 2004). In urban areas with a growing affordability crisis and many low-income residents worried about the tradeoffs between paying the rent and paying for health care, membership-based CBOs may more effectively address such problems through the "partnership synergy" such coalitions afford (Lasker, Weiss, & Miller, 2001). Yet joining a coalition is not without drawbacks (Butterfoss, 2013; Butterfoss & Kegler, 2012; Wolff, 2010) and if an organization chooses to join a coalition for a cause its base is not committed to, such a step can backfire.
(2) While working in coalition is increasingly critical to achieving victories on social justice goals, *CBOs* must not lose sight of the need to prioritize capacity-building processes both within the coalition as a whole and among their own organization's members. CPA's commitment to working in coalition to create a mass power base around the specific, winnable issue of closing the loophole in health care reform on the local level was accompanied by its continued efforts to help specific marginalized communities transform their sense of agency and relationship to the dominant society (Alinksy, 1972; Freire, 1993). The fusing of Alinsky and Freirian approaches in community organizing, e.g., building the "people power" necessary to achieving victories while attending to the empowerment and critical consciousness- raising goals of Freirian approaches, is deeply relevant in this regard (Alinksy, 1972; Freire, 1993; Martinson & Su, 2012).
(3) In addition to working for *distributive justice* through equitable access to resources such as health care, progressive CBOs and coalitions must also attend to the need for *procedural justice*, through which community members and organizations can regularly and meaningfully participate in the policymaking process (Minkler, 2010). In diverse urban areas like San Francisco's Chinatown, this includes the often overlooked need for arranging for interpreters to make the political process more accessible and participatory for traditionally disenfranchised communities and community members.
(4) The moving words and stories of low-wage immigrants and other marginalized populations may have a profound effect on policymakers. Further, such participation may help decrease distrust of government among immigrants, increase interest in political participation, and, as in this study, encourage cross-generational organizing (Kang, 2015) when younger bilingual/bicultural activists work in partnership with

older participants, interpreting and enabling their voices to be heard in the corridors of power.

(5) Social work, public health, and other social change practitioners may wish to consider how their work may combine the strengths of more traditional, institution-based community organizing with "deliberative practice," both of which emphasize democratizing political participation and agency, as well as reaching desired social justice outcomes, such as policy change (Rusch & Swarts, 2015, p. 5). Although campaigns like that to save the HCSO in San Francisco typically focus on the policy or other change *outcomes* of the work, the process of community engagement also should be privileged and documented (Branom, 2012; Cacari-Stone, Wallerstein, Garcia, & Minkler, 2014; Teixeira & Wallace, 2013), as it can itself be an important part of community organizing and policy advocacy efforts (Minkler, 2010).

(6) Using an iterative process like that employed by the lead author and her community researcher partners in this study can help all team members see how the act of authentic, participatory engagement can also contribute to what Staples (2004, p. 20) called the "real work" of the organization. For CBOs with a strong social change agenda, members and diverse other stakeholders alike need to see wide and deep member participation in, and identification with, the organization and its organizing and advocacy as a key goal, not simply a convenient byproduct of the organization's endeavors.

From the passage and implementation of the ACA though 2015, more than 20 million people across the nation gained health coverage (Saltzman & Eibner, 2016). However, with the Trump administration and a Republican-controlled Congress threatening to repeal or slowly undo the ACA and deport undocumented immigrants, concerned state and local governments will likely have an even larger responsibility for providing affordable health care to their constituents. As such, the saving of the HCSO will likely be more important than ever to ensuring access to health care for San Francisco's most vulnerable populations, particularly undocumented immigrants, but also those who may potentially lose, or be unable to afford, coverage. In this political climate, coalition building, grassroots organizing, and legislative advocacy efforts, like those described in this study, as well as programmatic ventures, like Healthy San Francisco, will likely play an even more critical role for ensuring equitable access to health care for all.

Conclusion

Despite the limitations of small case studies, reflections on local organizing and advocacy to save the ordinance that established San Francisco's landmark

health care access program may be useful to other coalitions and member organizations fighting for programs—and the saving of programs—that help meet basic human needs . By exploring the coalition's work through the lens of an organizational member serving a predominately low-income immigrant population, we further can observe the diversity and "partnership synergy" through which a coalition's whole may truly be greater than the sum of its parts (Lasker et al., 2001, p. 179). Finally, this study helps underscore, again, the utility of a community-engaged orientation to research, drawing on CBPR principles, which can be as important as study outcomes, in contributing to both the community capacity building and empowerment, and the policy changes needed to promote health and social equity.

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